

6/25/03

**BEHAVIORAL / ENVIRONMENTAL RISK FACTORS  
FOR CHILDHOOD DROWNING**

**CASE QUESTIONNAIRE  
AGES 1-4**

**Sponsored by:**

**National Institute for Child Health and Human Development  
National Institutes of Health (NIH)  
Bethesda, Maryland**

**Westat**

1. **SITE ID:**
  2. **CASE ID:**
  3. **CONTROL ID:**
  4. **INTERVIEWER NAME:** *(Please print)*
  5. **DATE OF INTERVIEW:**
  6. **TIME INTERVIEW BEGAN:** \_\_ \_\_ : \_\_ \_\_      **AM**      **PM**
  7. **TIME INTERVIEW ENDED:** \_\_ \_\_ : \_\_ \_\_      **AM**      **PM**
  8. **1ST NAME OF CHILD:**
  9. **GENDER OF CHILD:**
  10. **DATE OF ACCIDENT (CASE)/ REFERENCE DATE:**
  11. **COUNTY WHERE CHILD/CASE DROWNED:**
  12. **CHILD DATE OF BIRTH:**
  13. **AGE CATEGORY:**              **1-4**
  14. **RESPONDENT RELATIONSHIP TO CHILD:** ☐ **Mother**  
☐ **Father**  
☐ **Grandmother**  
☐ **Grandfather**  
☐ **Other (SPECIFY):** \_\_\_\_\_  
**Gender: M F**
- INTERVIEWER: Note the gender of "Other"**

## ELIGIBILITY CONFIRMATION

Before we begin, I would just like to confirm some information we have regarding (CHILD'S NAME) and where (he/she) was living at the time of the accident.

**EL-1.** First, since this study is only being conducted in certain counties across the country, we would like to confirm that at the time of the accident, (CHILD'S NAME) lived in (COUNTY OF RESIDENCE). Is that correct?

EXTD.COUNTYCH

YES..... 1 (SKIP TO QUESTION EL-2)  
NO..... 2

**EL-1a.** At the time of the accident, where did (CHILD'S NAME) live? Please tell me the city, state, zip code, and county.  
(NOTE: IF CHILD LIVED OUTSIDE OF THE U.S., ENTER '99' FOR CITY AND SKIP TO BOX EL-1.)

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_  
EXTD.CITY EXTD.STATE  
ZIP CODE:\_\_\_\_\_ COUNTY:\_\_\_\_\_  
EXTD.ZCODE EXTD.COUNTYOFRESIDENCE

**EL-2.** Our records indicate that (CHILD'S NAME) was born in (MONTH OF BIRTH) of (YEAR OF BIRTH). Is that correct?

EXTD.CONBIRTH

YES..... 1 (SKIP TO BOX EL-1)  
NO..... 2

**EL-2a.** What is (CHILD'S NAME)'s month and year of birth?

MONTH:\_\_\_\_\_ YEAR:\_\_\_\_\_  
EXTD.BIRTHMO EXTD.BIRTHYR

### BOX EL-1

If child lived outside of U.S., go to Box EL-2.  
If child's age is less than 1 or greater than 19, go to Box EL-3.  
Else proceed with interview and go to Question 1.

### BOX EL-2

[INTERVIEWER – READ TO PARENT/GUARDIAN OF CHILD]. At this time we are only able to include residents of the United States in this study. Thank you very much for your time. **END**

### BOX EL-3

[INTERVIEWER – READ TO PARENT/GUARDIAN OF CHILD]. At this time we are only conducting interviews for children or teenagers who were between the ages of 1 and 19 at the time of the accident. Thank you very much for your time. **END**

## ENVIRONMENTAL FACTORS

We don't know how to prevent drowning accidents, so there are no right or wrong answers to any of the questions.

1. To be sure that I have a correct understanding of what happened, could you please describe the accident? [RECORD THE CIRCUMSTANCES REGARDING THE ACCIDENT SUCH AS HOW THE ACCIDENT OCCURRED AND WHO WAS PRESENT]  
DESC.DESCTEXT

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- 1a. What is your relationship to (CHILD'S NAME)? Are you (his/her)...  
EXTD.RELACH

Mother..... 1  
Father ..... 2  
Grandmother, ..... 3  
Grandfather, or..... 4  
Some other relationship?  
(SPECIFY) [ASK GENDER IF NOT OBVIOUS]  
..... 91

EXTD.RELACHOS  
EXTD.OTHGEND

2. Did (CHILD'S NAME) live with you at the time of the accident?  
EXTD.CHLIVE

YES..... 1  
NO..... 2 

- 2a. With whom did (CHILD'S NAME) live most of the time the year prior to the accident?

EXTD.LIVE  
MOTHER ..... 1  
FATHER..... 2  
BOTH MOTHER AND FATHER ..... 3  
GRANDPARENT(S)..... 4  
OTHER RELATIVE ..... 5  
SOMEONE ELSE (SPECIFY)..... 91

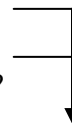
EXTD.OTHLIVE

(NOTE: FOR QUESTION 3 TO 6 - IF QUESTION 2 = NO (CHILD DID NOT LIVE WITH RESPONDENT ON REF DATE), CHANGE FILLS TO GATHER INFO ON CHILD'S HOUSEHOLD.)

3. Up until the date of the accident, how long had (CHILD'S NAME) lived at this residence?

\_\_\_\_ WEEKS..... 1  
EXTD.NUMLIVE MONTHS ..... 2  
EXTD.UNITLIVE YEARS ..... 3

4. Did you ...  
EXTD.OWNRENT Own your residence, ..... 1  
Rent your residence, ..... 2  
Live with family, ..... 3  
Live with friends, or ..... 4  
Was it some other type of living arrangement?  
EXTD.OTHOWNRE (SPECIFY) ..... 91



4a. Did the people that (CHILD'S NAME) lived with own or rent their residence?

EXTD.OWNHOME OWN..... 1  
RENT ..... 2

5. Are you currently living at this same residence?

EXTD.SAMERES  
YES..... 1  
NO..... 2

6. [IF NO TO QUESTION 5: Now I would like you to think about the residence in which you lived in at the time of the accident.] Would you describe your residence as...

EXTD.CURRES  
An Apartment, ..... 1 (SKIP TO QUESTION 26)  
A Single Family House, ..... 2  
A Duplex, ..... 3  
A Townhouse or Rowhouse, ..... 4  
A Mobile or Trailer Home, or ..... 5  
Something else? (SPECIFY) ..... 91

EXTD.OTHCURRE

(Note – 7 through 14 will be one large grid)

| 7. At the time of the accident, was there a ...<br><br>YARD.LOCATED  | 8. Was the water in the (STRUCTURE) deeper than 2 feet at its deepest point?<br><br>YARD.WATDEEP | 9. Was the (STRUCTURE) in place the whole time you lived there?<br><br>YARD.INPLACE | 10. Was the (STRUCTURE) a permanent structure?<br><br>YARD.PERMSTRU |
|--|--|---|---|
| a. <u>swimming pool</u> located in your yard or home? Do not include wading pools.<br>YES.....1 →<br>NO.....2 (b)  | a.<br>YES ..... 1<br>NO ..... 2  | a.<br>YES ..... 1<br>NO ..... 2   | a.<br>YES ..... 1<br>NO ..... 2                                     |
| b. <u>Jacuzzi or hot tub</u> located in your yard or home? Please do not include Jacuzzi's or hot tubs located in a bathroom.<br>YES.....1 →<br>NO.....2 (c) | b.<br>YES ..... 1<br>NO ..... 2  | b.<br>YES ..... 1<br>NO ..... 2   | b.<br>YES ..... 1<br>NO ..... 2                                     |
| c. <u>wading pool</u> located in your yard?<br>YES.....1 →<br>NO.....2 (d)   | c.<br>YES ..... 1<br>NO ..... 2  | c.<br>YES ..... 1<br>NO ..... 2   | c.<br>YES ..... 1<br>NO ..... 2                                     |

|   |                                 |                                 |  |
|---|---------------------------------|---------------------------------|--|
| <b>d. <u>pond, lake or some other body of water</u> located in your yard?</b><br>YES...1 (SPECIFY IF OTHER) →<br>NO...2<br><br>_____<br><b>YARD.LOCATOS</b> | d.<br>YES ..... 1<br>NO ..... 2 | d.<br>YES ..... 1<br>NO ..... 2 |  |
|---|---------------------------------|---------------------------------|--|

|  |  |   |  |
|--|--|---|--|
| <b>11. How long has the (STRUCTURE) been there?</b><br>(SKIP IF QUESTION 9 = YES)<br><b>YARD.NUMSTRU</b> | <b>12. Was the design of the (STRUCTURE)...</b><br><br><b>YARD.INABOVE</b> | <b>13. Where was the (STRUCTURE) located in relation to the residence? Was it in the...</b><br><br><b>YARD.STRUTLOC</b> | <b>14. Could the (STRUCTURE) be seen from inside the home?</b><br><br><b>YARD.INHOMEST</b> |
| a. <b>YARD.UNITSTRU</b><br>WEEKS.....1<br>MONTHS.....2<br>YEARS .....3                                   | a.<br>in-ground, or..... 1<br>above ground? .. 2                           | a.<br>back yard, ..... 1<br>front yard, ..... 2<br>side yard, or ..... 3<br>inside the home or residence? .. 4          | a.<br>YES ..... 1<br>NO ..... 2  |
| b.<br>WEEKS.....1<br>MONTHS.....2<br>YEARS .....3  | b.<br>in-ground, or..... 1<br>above ground? .. 2                           | b.<br>back yard, ..... 1<br>front yard, ..... 2<br>side yard, or ..... 3<br>inside the home or residence? ... 4         | b.<br>YES ..... 1<br>NO ..... 2  |
| c.<br>WEEKS.....1<br>MONTHS.....2<br>YEARS .....3  | c.<br>in-ground, or..... 1<br>above ground? .. 2                           | c.<br>back yard, ..... 1<br>front yard, ..... 2<br>side yard, or ..... 3<br>inside the home or residence? ... 4         | c.<br>YES .....<br>NO ..... 2  |
| d.<br>WEEKS.....1<br>MONTHS.....2<br>YEARS .....3  | d.<br>→  | d.<br>back yard, ..... 1<br>front yard, or ..... 2<br>side yard? ..... 3  | d.<br>YES ..... 1<br>NO ..... 2  |

BOX 1

IF RESPONSES TO ALL OF QUESTIONS 7a-d = NO, SKIP TO QUESTION 26.  
 IF 7a and 7b = 1, GO TO QUESTION 14.5.  
 ELSE GO TO QUESTION 15.

**14.5 Is the Jacuzzi or hot tub attached to the pool?**

**YARD.JACPOOL**

YES ..... 1  
 NO..... 2

**REPEAT QUESTIONS 15 – 25 FOR ALL BODIES OF WATER WITH A “YES” RESPONSE IN QUESTION 7, EXCEPT IF 14.5 = YES. THEN ASK 15-25 ONCE FOR POOL/JACUZZI COMBINATION AND FOR OTHER ‘YES’ RESPONSES IN QUESTION 7.**

15. On the date of the accident, was there a fence surrounding the (STRUCTURE)?

YARD.FENCESUR

YES..... 1

NO.....2 (SKIP TO QUESTION 22)

16. Did the fence completely surround the (STRUCTURE) on all 4 sides, or could you access the (STRUCTURE) directly from your home without having to go through a gate of a fence?

YARD.FENCECOM

STRUCTURE COMPLETELY SURROUNDED BY FENCE.....1 (SKIP TO QUESTION 18)

STRUCTURE ACCESSIBLE FROM HOME.....2

17. Was there any type of gate in the fence?

YARD.FENCGATE

YES..... 1

NO.....2 (SKIP TO QUESTION 22)

18. Was the gate self-closing? That is, did it close by itself?

YARD.GATECLOS

YES..... 1

NO..... 2

19. Was there a latch on the gate?

YARD.GATELATC

YES..... 1

NO.....2 (SKIP TO QUESTION 21)

20. Was the latch self-latching. That is, did it latch by itself?

YARD.SELFLATC

YES..... 1

NO..... 2

21. On a typical day prior to the accident, was the gate usually propped open?

YARD.GATEPROP

YES..... 1

NO..... 2

[NOTE: SKIP QUESTIONS 22 AND 23 IF STRUCTURE = LAKE OR POND OR OTHER BODY OF WATER]

22. On a typical day prior to the accident, was there a cover on the (STRUCTURE)?

YARD.COVER

YES..... 1

NO..... 2

23. On the date of the accident, was there an alarm that sounded when someone entered the water?

YARD.ENTALAR

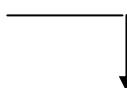
YES..... 1

NO..... 2

24. On the date of the accident, did the (STRUCTURE) have any other protective device?

YARD.PROTDEV

YES.....1  
NO.....2



- 24a. What kind of device was it? (SPECIFY)\_\_\_\_\_

YARD.PROTOTH

25. Was there an alarm that sounded when someone exited the residence?

EXTD.EXITALAR

YES.....1  
NO.....2

(IF ANSWER TO QUESTION 5 =YES, SKIP MENTION OF REFERENCE PERIOD)

26. (At the time of the accident), approximately how long (does/did) it take to get from (CHILD'S NAME)'s home to the nearest swimming pool [not including the pool in (his/her) own yard]? This would include such things as a pool at a neighbor's home, a pool in an apartment or condominium community, a community pool, or a city pool.

EXTD.NUMPOOL \_\_\_\_\_ UNIT: MINUTES.....1  
EXTD.UNITPOOL \_\_\_\_\_ HOURS.....2

- 26a. Is the time you gave based on ...

EXTD.EXTDMODE

Walking,..... 1  
Riding a bicycle, ..... 2  
Driving, or..... 3  
Some other method of transportation?

EXTD.OTHMODE (SPECIFY)\_\_\_\_\_ 91

27. Was there a fence or other barrier surrounding this swimming pool?

EXTD.BARPOOL

YES.....1  
NO.....2

28. How long (did/does) it take to get from (CHILD'S NAME) home to the nearest lake, river, pond, ocean, or other large body of water, aside from a swimming pool?

\_\_\_\_\_ UNIT: MINUTES.....1  
EXTD.NUMLAKE \_\_\_\_\_ HOURS.....2  
EXTD.UNITLAKE

- 28a. Is the time you gave based on ...

EXTD.MODELAKE

Walking,..... 1  
Riding a bicycle, ..... 2  
Driving, or..... 3  
Some other method of transportation?

EXTD.OTHLAKE (SPECIFY)\_\_\_\_\_ 91

|  |   |  |
|--|---|--|
| <b>29. (In the 2 months prior to the date of the accident) on how many days did (CHILD'S NAME)...?</b><br><br><b>VIST.NUMMOTE</b>  | <b>30. Did (he/she) visit (BODY OF WATER) at least once?</b><br><b>[ONLY ASK IF QUESTION 29 = DK]</b><br><b>VIST.NUMMOTDK</b> | <b>31. Was there usually a lifeguard on duty?</b><br><br><b>VIST.HOTLIFE</b> |
| <b>a. Visit a hotel or motel with a swimming pool?</b><br><br>_____ →<br>number of days<br><br>[If days = 0, go to b]  | <b>a.</b><br><br>YES.....1<br>NO.....2 (b)  | <b>a.</b><br><br>YES.....1 (b)<br>NO.....2 (b)                               |
| <b>b. Visit a swim center or community pool?</b><br><br>_____ →<br>number of days<br><br>[If days = 0, go to c]  | <b>b.</b><br><br>YES.....1<br>NO.....2 (c)  | <b>b.</b><br><br>YES.....1 (c)<br>NO.....2 (c)                               |
| <b>c. Visit an ocean, lake, pond or river?</b><br><br>_____ →<br>number of days<br><br>[If days = 0, go to d]  | <b>c.</b><br><br>YES.....1<br>NO.....2 (d)  | <b>c.</b><br><br>YES.....1 (d)<br>NO.....2 (d)                               |
| <b>d. Visit a water theme park?</b><br><br>_____ →<br>number of days<br><br>[If days = 0, go to e]   | <b>d.</b><br><br>YES.....1<br>NO.....2 (e)  | <b>d.</b><br><br>YES.....1 (e)<br>NO.....2 (e)                               |
| <b>e. Visit another home where (CHILD'S NAME) had access to a pool or some other large body of water?</b><br><br>_____ →<br>number of days<br><br>[If days = 0, go to Question 32] | <b>e.</b><br><br>YES.....1<br>NO.....2<br><br>[If no, go to Question 32]  | <b>e.</b><br><br>YES.....1<br>NO.....2                                       |



32. How often had (CHILD'S NAME) been on a boat? Please do not include cruise ships. Would you say...

EXTD.BOAT

1 time per year, ..... 1  
2 to 5 times per year,..... 2  
6 to 10 times per year,..... 3  
11 to 20 times per year, or ..... 4  
more than 20 times per year? ... 5  
NEVER ..... 99 (SKIP TO QUESTION 33)

- 32a. When (CHILD'S NAME) went out on a boat did (he/she) usually wear a life vest?

EXTD.LIFEVEST

YES..... 1  
NO..... 2

### FORMAL SWIMMING LESSONS

The next group of questions will be about the formal swimming lessons that (CHILD'S NAME) may have participated in. We don't know if swimming lessons can help prevent drowning among young children, so there are no right or wrong answers.

33. Children sometimes receive formal swimming lessons that are paid for or that are received as part of another activity such as day care, school or camp. Had (CHILD'S NAME) ever taken formal swimming lessons?

EXTD.FORMAL

YES..... 1  
NO..... 2 (SKIP TO QUESTION 56)

34. Often children are enrolled in a swimming course that includes a group of classes that meet regularly over a number of weeks. For example a course might include 1 class per week for 8 weeks. Thinking back to all the courses that (CHILD'S NAME) took, how many separate courses did (he/she) attend altogether? [ PROBE IF RESPONDENT DOES NOT KNOW OR CAN NOT REMEMBER THE NUMBER OF COURSES: Please tell me how many courses you can remember.]

EXTD.COURSES

\_\_\_\_\_ (# OF COURSES)

35. How old was (CHILD'S NAME) when (he/she) took (his/her) first formal swimming lessons?

EXTD.AGEL

\_\_\_\_ (AGE) UNITS: MONTHS.....1 EXTD.AGELU  
YEAR.....2

36. How old was (CHILD'S NAME) when (he/she) took (his/her) most recent formal swimming course?

EXTD.AGER

\_\_\_\_ (AGE) UNITS: MONTHS.....1 EXTD.AGELRU  
YEARS.....2

I am now going to ask you a series of questions about the swimming course(s). [IF 2 OR MORE COURSES: I am going to begin with the most recent and work backwards. Thinking back to the most recent swimming course...] [NOTE: WE WILL ASK UP TO FIVE COURSES, THE 4 MOST RECENT AND THE FIRST COURSE]

|  | COURSE # 1   | COURSE #2  |
|--|--|--|
| 37. What was the name of the swimming course? For example, Aquatots, Water Babies, or Beginning Swimming.<br>CLAS.NAMEC  | Name:  | Name:  |
| 37a. Could you please tell me the name of the facility and sponsoring organization that offered this course and the city and state in which the facility is located.<br>CLAS.FACNAMC | Facility:<br><br>Sponsoring Organization:<br>CLAS.SPONSORG<br>City:<br>CLAS.CITYFAC<br>State:<br>CLAS.STATEFAC       | Facility:<br><br>Sponsoring Organization:<br><br>City:<br><br>State:                                   |
| 38. Were these swimming lessons taught in a...<br>CLAS.WHERECL<br>CLAS.WHERECOS  | Pool, ..... 1<br>Lake, ..... 2<br>Ocean, or ..... 3<br>Some other type of water?<br>..... 91<br>(SPECIFY) _____<br>— | Pool, ..... 1<br>Lake, ..... 2<br>Ocean, or ..... 3<br>Some other type of water? 91<br>(SPECIFY) _____ |
| 39. How old was (CHILD'S NAME) at the beginning of the course?<br>CLAS.AGEBEG<br>CLAS.AGEBUNIT   | ____ UNITS: MONTHS<br>(age) YEARS  | ____ UNITS: MONTHS<br>(age) YEARS  |
| 40. What was the month and year in which the course began?<br>CLAS.BEGMON<br>CLAS.BEGYEAR  | __ __ / __ __<br>M M Y Y   | __ __ / __ __<br>M M Y Y   |
| 41. How many times per week did the classes meet?<br>CLAS.MEETWK<br>CLAS.MEETUNIT  | ____ UNITS:<br>WEEKS<br>(# times)<br>MONTHS  | ____ UNITS: WEEKS<br>(# times) MONTHS  |
| 42. On average, how many minutes was each class?<br>CLAS.MINUTECL  | _____<br>(number of minutes)   | _____<br>(number of minutes)   |
| 43. For this course, what was the total number of classes that (CHILD'S NAME) attended? (PROBE): Please give me your best estimate.<br>CLAS.CLASSES                                  | _____<br>(number of classes)   | _____<br>(number of classes)   |

|   |   |  |
|---|---|--|
| 44. Who usually took (CHILD'S NAME) to (his/her) swimming lesson?<br>CLAS.WHOTOOK<br>CLAS.WHTOOKOS  | RESPONDENT .....1<br>MOTHER.....2<br>FATHER .....3<br>GRANDMOTHER.....4<br>GRANDFATHER .....5<br>OTHER RELATIVE<br>(SPECIFY)..... ..91<br>OTHER NON-RELATIVE<br>(SPECIFY)..... ..92 | RESPONDENT ..... 1<br>MOTHER ..... 2<br>FATHER ..... 3<br>GRANDMOTHER ..... 4<br>GRANDFATHER ..... 5<br>OTHER RELATIVE<br>(SPECIFY)..... .. 91<br>OTHER NON-RELATIVE<br>(SPECIFY)..... .. 92 |
| 45. Did (PERSON NAMED IN QUESTION 44) usually watch the lessons?<br>CLAS.DIDWATCH   | YES ..... 1<br>NO ..... 2   | YES ..... 1<br>NO ..... 2  |
| 46. How many children, including (CHILD'S NAME) were in the group?<br>CLAS.HOWMANYC   | _____<br>(number of children)   | _____<br>(number of children)  |
| 47. Was an adult, other than the instructor, required to be in the water with each child?<br>CLAS.ADULTREQ  | YES ..... 1<br>NO ..... 2   | YES ..... 1<br>NO ..... 2  |
| There are many different skills that are taught in swimming lessons. I am going to read to you a list of some skills and would like you to tell me if the lessons in this course focused <u>not at all, a little, some, or a lot</u> on these skills. I would be happy to repeat the categories if you need them. |   |  |
| 48. The first skill is helping children feel comfortable in the water; like getting them used to putting their face in the water. Would you say these lessons focused on this ....<br>CLAS.COMFORT  | Not at all, ..... 1<br>A little, ..... 2<br>Some, or ..... 3<br>A lot? ..... 4<br>NO INFORMATION 99   | Not at all, ..... 1<br>A little, ..... 2<br>Some, or ..... 3<br>A lot? ..... 4<br>NO INFORMATION 99  |
| [IF RESPONDENT VOLUNTEERS THAT HE OR SHE HAS NO INFORMATION ABOUT WHAT SKILLS WERE TAUGHT IN THE COURSE, ENTER 99] (SKIP TO 55).  |   |  |
| 49. Treading water. Would you say the lessons focused on this...<br>CLAS.TREADWTR   | Not at all, ..... 1<br>A little, ..... 2<br>Some, or ..... 3<br>A lot? ..... 4  | Not at all, ..... 1<br>A little, ..... 2<br>Some, or ..... 3<br>A lot? ..... 4   |
| 50. Floating on (his/her) back.<br>CLAS.FLOATBCK  | NOT AT ALL ..... 1<br>A LITTLE ..... 2<br>SOME ..... 3<br>A LOT ..... 4   | NOT AT ALL ..... 1<br>A LITTLE ..... 2<br>SOME ..... 3<br>A LOT ..... 4  |
| 51. Poolside behavior; like not running on the deck.<br>CLAS.BEHAVIOR   | NOT AT ALL ..... 1<br>A LITTLE ..... 2<br>SOME ..... 3<br>A LOT ..... 4   | NOT AT ALL ..... 1<br>A LITTLE ..... 2<br>SOME ..... 3<br>A LOT ..... 4  |
| 52. Swimming strokes and kicks.<br>CLAS.STROKES   | NOT AT ALL ..... 1<br>A LITTLE ..... 2<br>SOME ..... 3<br>A LOT ..... 4   | NOT AT ALL ..... 1<br>A LITTLE ..... 2<br>SOME ..... 3<br>A LOT ..... 4  |
| 53. Was (CHILD'S NAME) forced to put (his/her) head underwater as part of this course?<br>CLAS.UNDERWTR   | YES ..... 1<br>NO ..... 2   | YES ..... 1<br>NO ..... 2  |

|      |  |   |   |
|------|--|---|---|
| 54.  | Is there any other information about this swimming course that you think would be important for us to know?<br><b>CLAS.OTHINFO</b>   | YES..... 1<br>NO..... 2<br>(SKIP TO 55) | YES ..... 1<br>NO ..... 2<br>(SKIP TO 55) |
| 54A. | [What other information about this swimming course would you like to tell me?]<br><b>CLAS.TEXT 1-4</b>   | (RECORD RESPONSE)                       | (RECORD RESPONSE)                         |
| 55.  | After completing this swimming course, did (CHILD'S NAME)'s behavior change when (he/she) was around water?<br><b>CLAS.CHANGBCH</b><br>YES ..... 1<br>NO..... 2 (SKIP TO QUESTION 55c) |   |   |
| 55a. | How did (his/her) behavior change? _____<br><b>CLAS.HWCHANGA</b><br><b>CLAS.HWCHANGB</b>   |   |   |
| 55b. | [ASK ONLY IF QUESTION 34 = DON'T KNOW/REFUSED] Did (CHILD'S NAME) take any other swimming courses?<br><br>YES..... 1<br>NO..... 2  |   |   |

**REPEAT QUESTIONS 37 THROUGH 55a FOR EACH COURSE MENTIONED IN QUESTION 34.**

**55c. Prior to the age of 2 years, did (CHILD'S NAME) participate in swimming lessons that focused on survival skills such as rotating from a face down position to a back float, resting, and then flipping back over to continue swimming?**  
**EXTD.SURVSKIL**

YES..... 1  
NO..... 2

#### **EXPOSURE TO WATER AND INFORMAL SWIMMING LESSONS**

**ONLY ASK QUESTION 56 IF CHILD NEVER TOOK FORMAL LESSONS (QUESTION 33 = NO)**

**56. Prior to the accident, had (CHILD'S NAME) ever been in a swimming pool, pond, or other body of water, not including a bathtub?**  
**EXTD.INWATER**

YES..... 1  
NO..... 2 (SKIP TO QUESTION 76a)

**57. How often on average did (CHILD'S NAME) go swimming during the summer months of May through September? Would you say ...**  
**EXTD.GOSWIMSU**

Every day or almost every day, .. 1  
3 to 5 times per week, ..... 2  
1 to 2 times per week, ..... 3  
2 to 3 times per month, ..... 4  
Once a month or less, or ..... 5  
Not at all?..... 6

58. How often on average did (CHILD'S NAME) go swimming during the months of October through April? Would you say ...

EXTD.GOSWIMOT

Every day or almost every day, .. 1  
3 to 5 times per week, ..... 2  
1 to 2 times per week, ..... 3  
2 to 3 times per month, ..... 4  
Once a month or less, or ..... 5  
Not at all?..... 6

- 59a. During the year before the accident, how often did (CHILD'S NAME) use a life vest when (he/she) went swimming? Would you say...

EXTD.LIFVEST

Always, ..... 1  
Most of the time, ..... 2  
Some of the time, ..... 3  
On rare occasions, or ..... 4  
Never? ..... 5  
DID NOT SWIM ..... 6 (SKIP TO QUESTION 60)

- 59b. How often did (he/she) use another flotation device when (he/she) went swimming, such as water wings or an inflatable tube? Would you say...

EXTD.PERSFLOT

Always, ..... 1  
Most of the time, ..... 2  
Some of the time, ..... 3  
On rare occasions, or ..... 4  
Never? ..... 5 (SKIP TO QUESTION 60)

- 59c. What kind of flotation device did (he/she) use most often?

EXTD.PERSDEVI  
EXTD.PERSDEOS

WATER WINGS ..... 1  
INFLATABLE TUBE ..... 2  
RAFT ..... 3  
OTHER (SPECIFY): \_\_\_\_\_ 91

60. Did (CHILD'S NAME) like the water or did (he/she) seem to be afraid of it?

EXTD.LIKEWAT

LIKED WATER ..... 1  
AFRAID OF WATER ..... 2

61. How comfortable was (CHILD'S NAME) in the water? Would you say (he/she) was...

EXTD.COMFWAT

Uncomfortable, ..... 1  
Slightly uncomfortable, ..... 2  
Comfortable, or ..... 3  
Very comfortable? ..... 4

| 62. | Was (CHILD'S NAME) comfortable with...  | YES | NO |
|-----|---|-----|----|
| a.  | dangling (his/her) feet in the water?<br>EXTD.COMDANG                         | 1   | 2  |
| b.  | walking by (himself/herself) in water up to (his/her) waist?<br>EXTD.COMWAIST | 1   | 2  |
| c.  | getting (his/her) face wet?<br>EXTD.COMFACE                                   | 1   | 2  |
| d.  | putting (his/her) whole head underwater?<br>EXTD.COMHEAD                      | 1   | 2  |
| e.  | entering the water on (his/her) own?<br>EXTD.COMENTER                         | 1   | 2  |
| f.  | jumping into shallow water?<br>EXTD.COMSHAL                                   | 1   | 2  |
| g.  | jumping into water over (his/her) head?<br>EXTD.COMDEEP                       | 1   | 2  |
| h.  | playing or swimming in water over (his/her) head?<br>EXTD.COMPLAY             | 1   | 2  |

63. Children sometimes receive informal swimming instructions or receive swimming pointers or tips from family and friends. How often did (CHILD'S NAME) receive informal swimming instructions, or pointers or tips about swimming or water safety? Please do not include pointers or tips (he/she) may have received while in a bathtub. Would you say (he/she) received pointers or tips...

EXTD.POINTSLO

Every time (he/she) went swimming, ... 1  
Most of the time, ..... 2  
Some of the time, ..... 3  
Rarely, or . .... 4  
Never?.....5 (SKIP TO QUESTION 70)

64. When was the most recent time (CHILD'S NAME) received pointers or informal swimming instructions?

EXTD.RECMON  
EXTD.RECYEAR

\_\_\_ \_\_\_ / \_\_\_ \_\_\_  
M M Y Y

65. At what age did (CHILD'S NAME) receive (his/her) first informal pointers or informal swimming instructions?

EXTD.NUMINST  
EXTD.UNITINST

UNIT: MONTHS...1  
YEARS.....2

66. Did these pointers take place in a pool, pond or lake, ocean, or some other type of water? (MARK ALL THAT APPLY)

EXTD.POIPOOL POOL..... 1  
EXTD.POIPOND POND/LAKE..... 2  
EXTD.POIOCEAN OCEAN..... 3  
OTHER (SPECIFY)  
EXTD.POIOTH1-3 \_\_\_\_\_ ...91  
EXTD.POINTOS1-3

67. What was the relationship of the person who most often gave these pointers or instructions to (CHILD'S NAME)?

EXTD.POINTRE

MOTHER/STEP-MOTHER.... 1  
 FATHER/STEP-FATHER..... 2  
 BROTHER/SISTER ..... 3  
 GRANDPARENT..... 4  
 AUNT/UNCLE..... 5  
 COUSIN ..... 6  
 FRIEND/NEIGHBOR ..... 7  
 SOME OTHER RELATIONSHIP  
 (SPECIFY)\_\_\_\_\_91

EXTD.POINTROS

| 68. | Would you say that the informal swimming pointers or instructions focused not at all, very little, somewhat or a lot on the following items.   | NOT AT ALL | VERY LITTLE | SOMEWHAT | A LOT |
|-----|--|------------|-------------|----------|-------|
| a.  | The first item is helping (CHILD'S NAME) feel comfortable in the water, like getting (him/her) used to putting (his/her) face in the water. Would you say the pointers or instructions focused on this...<br>EXTD.POINTFAC | 1          | 2           | 3        | 4     |
| b.  | Treading water. Would you say...<br>EXTD.POINTTRE  | 1          | 2           | 3        | 4     |
| c.  | Floating on (his/her) back.<br>EXTD.POINTBAC   | 1          | 2           | 3        | 4     |
| d.  | Poolside behavior--like not running on the deck.<br>EXTD.POINTRUN  | 1          | 2           | 3        | 4     |
| e.  | Swimming strokes and kicks.<br>EXTD.POINTKIC   | 1          | 2           | 3        | 4     |
| f.  | Jumping from the edge of a pool or dock.<br>EXTD.POINTJUM  | 1          | 2           | 3        | 4     |

69. Is there anything else about the swimming pointers or informal instructions that you think would be important for us to know?

EXTD.POINTELS

YES..... 1  
 NO.....2 (SKIP TO QUESTION 70)

69a.(SPECIFY) DESC.DESCTEXT \_\_\_\_\_

70. How would you have rated (CHILD'S NAME) as a swimmer. Would you say...

EXTD.SWIMRATE

Excellent, ..... 1  
 Very good, ..... 2  
 Good, ..... 3  
 Fair, or ..... 4  
 Poor? ..... 5

71. Next I am going to read to you a list of things some children can do in the water. For each one, please tell me if (CHILD'S NAME) could do this without using a life preserver or other flotation device for assistance most of the time (he/she) was in a swimming pool.

|  | YES | NO | NEVER<br>ATTEMPTED |
|--|-----|----|--------------------|
| a. First could (CHILD'S NAME) hold onto the side and kick?<br>EXTD.KICKJUMP  | 1   | 2  | 3                  |
| b. Could (CHILD'S NAME) jump into the water from a standing position without assistance?<br>EXTD.JUMPWAT   | 1   | 2  | 3                  |
| c. Could (CHILD'S NAME) jump in the pool, swim out 5 feet, and then swim back to the edge of the pool?<br>EXTD.SWIMFEET  | 1   | 2  | 3                  |
| d. Could (CHILD'S NAME) swim on (his/her) stomach for about 15 feet without stopping?<br>EXTD.SWIMSTOM   | 1   | 2  | 3                  |
| e. Could (CHILD'S NAME) float on (his/her) back without support for 10 seconds?<br>EXTD.FLOATBAC   | 1   | 2  | 3                  |
| f. Could (CHILD'S NAME) swim on (his/her) back for about 15 feet without stopping?<br>EXTD.SWIMFEE   | 1   | 2  | 3                  |
| IF NO TO 71c, 71d, 71e AND 71f, SKIP TO QUESTION 75.<br>IF DON'T KNOW/REFUSED TO 71c, 71d, 71e, AND 71f, SKIP TO QUESTION 72a.   |     |    |                    |
| g. Enter the pool feet first and swim to an object or person standing about 15 feet away?<br>EXTD.FLOATFEE   | 1   | 2  | 3                  |
| h. Swim on (his/her) stomach, take a breath of air and continue swimming forward?<br>EXTD.SWIMSTO  | 1   | 2  | 3                  |
| i. If (CHILD'S NAME) were in water over (his/her) head and about 15 feet from the edge of the pool, could (he/she) swim towards the edge of the pool and hold onto the side of the pool?<br>EXTD.HOLDEGE | 1   | 2  | 3                  |
| j. If (CHILD'S NAME) were in water over (his/her) head and about 15 feet from the edge of the pool, could (he/she) swim towards the edge of the pool and climb out of the water?<br>EXTD.SWIMCLIM        | 1   | 2  | 3                  |
| k. Swim 50 feet using any kind of stroke?<br>EXTD.FEETSTRK   | 1   | 2  | 3                  |
| l. Dive into the water? (SKIP TO QUESTION 72b)<br>EXTD.DIVEWAT   | 1   | 2  | 3                  |

- 72a. Do you think you would be able to answer any questions about (CHILD'S NAME) swimming abilities?

EXTD.SWIMABIL

YES..... 1 (GO BACK TO QUESTION 71g)  
NO.....2 (SKIP TO QUESTION 75)





- 76b. How old was (CHILD'S NAME) when you felt comfortable leaving (him/her) to play in one room for a few minutes while you attended to chores in another room? [IF NOT YET ABLE TO DO, ENTER 99]  
EXTD.PLAYAGE

\_\_\_\_\_ UNIT: MONTHS....1 EXTD.PLAYUNIT  
(age) YEARS.....2

76. Prior to the time of the accident could (CHILD'S NAME)...

|    |  |  |
|----|--|--|
| c. | climb a ladder with 5 steps?<br>EXTD.CLIMBLAD                            | YES..... 1<br>NO..... 2                          |
| d. | open a standard front door of a house with a door knob?<br>EXTD.OPENDOOR | YES..... 1<br>NO..... 2                          |
| e. | open a standard sliding glass door?<br>EXTD.OPENGLAS                     | YES..... 1<br>NO..... 2                          |
| f. | pedal a tricycle?<br>EXTD.PEDAL  | YES..... 1<br>NO..... 2                          |
| g. | jump in place?<br>EXTD.JUMPPL  | YES..... 1<br>NO..... 2                          |
| h. | kick a ball forward?<br>EXTD.KICKBALL                                    | YES..... 1<br>NO..... 2                          |
| i. | walk up steps?<br>EXTD.WALKUP  | YES..... 1<br>NO..... 2                          |
| j. | walk backwards?<br>EXTD.WALKBACK   | YES..... 1<br>NO..... 2                          |
| k. | walk well, without assistance?<br>EXTD.WALKWELL                          | YES..... 1<br>(SKIP TO QUESTION 77)<br>NO..... 2 |
| l. | walk holding onto furniture?<br>EXTD.WALKHOLD                            | YES..... 1<br>NO..... 2                          |
| m. | crawl?<br>EXTD.CRAWL   | YES..... 1<br>NO..... 2                          |

77. Now I am going to read to you a list of behaviors and would like you to tell me whether (CHILD'S NAME) never, almost never, sometimes, almost always, or always did each behavior.

|  | NEVER | ALMOST<br>NEVER | SOMETIMES | ALMOST<br>ALWAYS | ALWAYS |
|--|-------|-----------------|-----------|------------------|--------|
| a. (CHILD'S NAME) got sleepy at about the same time each evening. Would you say...<br>EXTD.GOTSLEEP          | 1     | 2               | 3         | 4                | 5      |
| b. (CHILD'S NAME) was pleasant when first arriving in unfamiliar places. Would you say...<br>EXTD.PLEASANT   | 1     | 2               | 3         | 4                | 5      |
| c. (CHILD'S NAME) played continuously for more than 10 minutes at a time with a favorite toy.<br>EXTD.FAVTOY | 1     | 2               | 3         | 4                | 5      |
| d. sat still while waiting for food.<br>EXTD.SATSTILL  | 1     | 2               | 3         | 4                | 5      |

|    |  |   |   |   |   |   |
|----|--|---|---|---|---|---|
| e. | <b>cried after a fall or bump.</b><br><b>EXTD.CRYFALL</b>  | 1 | 2 | 3 | 4 | 5 |
| f. | <b>fussed or whined when (his/her) bottom was cleaned after bowel movements.</b><br><b>EXTD.FUSSED</b>                             | 1 | 2 | 3 | 4 | 5 |
| g. | <b>smiled when unfamiliar adults played with (him/her).</b><br><b>EXTD.SMILED</b>  | 1 | 2 | 3 | 4 | 5 |
| h. | <b>responded to frustration intensely with screams or yells.</b><br><b>EXTD.SCREAMS</b>  | 1 | 2 | 3 | 4 | 5 |
| i. | <b>ate about the same amount of food at meals from day to day.</b><br><b>EXTD.ATESAME</b>  | 1 | 2 | 3 | 4 | 5 |
| j. | <b>remained pleasant when hungry and waiting for food to be prepared.</b><br><b>EXTD.HUNGRY</b>                                    | 1 | 2 | 3 | 4 | 5 |
| k. | <b>allowed face washing without protest.</b><br><b>EXTD.FACEWASH</b>   | 1 | 2 | 3 | 4 | 5 |
| l. | <b>played actively, with toys indoors.</b><br><b>EXTD.PLAYTOYS</b>   | 1 | 2 | 3 | 4 | 5 |
| m. | <b>ignored voices when playing with a favorite toy.</b><br><b>EXTD.IGNORE</b>  | 1 | 2 | 3 | 4 | 5 |
| n. | <b>wanted a snack at a different time each day.</b><br><b>EXTD.SNACK</b>   | 1 | 2 | 3 | 4 | 5 |
| o. | <b>(CHILD'S NAME) ran to get where (he/she) wanted to go. Would you say...</b><br><b>EXTD.RANGO</b>                                | 1 | 2 | 3 | 4 | 5 |
| p. | <b>took daytime naps at different times from day to day.</b><br><b>EXTD.TOOKNAPS</b>   | 1 | 2 | 3 | 4 | 5 |
| q. | <b>(CHILD'S NAME) was outgoing with adult strangers outside the home. Would you say...</b><br><b>EXTD.OUTGOING</b>                 | 1 | 2 | 3 | 4 | 5 |
| r. | <b>stopped playing and watched when someone walked by.</b><br><b>EXTD.STOPPLAY</b>   | 1 | 2 | 3 | 4 | 5 |
| s. | <b>went back to the same activity after brief interruptions such as a snack or a trip to the bathroom.</b><br><b>EXTD.BACKSAME</b> | 1 | 2 | 3 | 4 | 5 |
| t. | <b>continued to play with a toy in spite of sudden noises like a telephone or doorbell.</b><br><b>EXTD.CONTPLAY</b>                | 1 | 2 | 3 | 4 | 5 |
| u. | <b>had moody "off" days when (he/she) was irritable all day.</b><br><b>EXTD.MOODY</b>  | 1 | 2 | 3 | 4 | 5 |
| v. | <b>stayed with a routine task such as dressing or picking up toys for 5 minutes or more.</b><br><b>EXTD.STAYTASK</b>               | 1 | 2 | 3 | 4 | 5 |
| w. | <b>stopped eating and looked when (he/she) heard a sudden noise like a telephone or doorbell.</b><br><b>EXTD.STOPEAT</b>           | 1 | 2 | 3 | 4 | 5 |
| x. | <b>sat still during procedures like hair brushing or nail cutting.</b><br><b>EXTD.SATPROC</b>                                      | 1 | 2 | 3 | 4 | 5 |
| y. | <b>stomped, writhed or swung (his/her) arms when upset or crying.</b><br><b>EXTD.STOMPED</b>                                       | 1 | 2 | 3 | 4 | 5 |

|            |   |   |   |   |   |   |
|------------|---|---|---|---|---|---|
| <b>z.</b>  | <b>At home, (CHILD'S NAME) would look at or reach out with acceptance when approached by strangers.</b><br><b>EXTD.REACHOUT</b> | 1 | 2 | 3 | 4 | 5 |
| <b>aa.</b> | <b>stopped to examine new objects thoroughly for 5 minutes or more.</b><br><b>EXTD.EXAMINE</b>                                  | 1 | 2 | 3 | 4 | 5 |
| <b>bb.</b> | <b>was moody for more than a few minutes when corrected or disciplined.</b><br><b>EXTD.MOODFEW</b>                              | 1 | 2 | 3 | 4 | 5 |
| <b>cc.</b> | <b>was still shy of strangers even after 15 minutes.</b><br><b>EXTD.STILLSHY</b>  | 1 | 2 | 3 | 4 | 5 |
| <b>dd.</b> | <b>frowned or complained when left to play by (himself/herself).</b><br><b>EXTD.FROWNED</b>                                     | 1 | 2 | 3 | 4 | 5 |

|            |   |                         |
|------------|---|-------------------------|
| <b>78.</b> | <b>The next group of questions are about the youngest age at which you think children should be allowed to do various things on their own. There are no right or wrong answers to these questions.</b>  |                         |
| <b>a.</b>  | <b>How many minutes do you think a 2 year old could be left alone in a room containing a couch, a television on a television stand, bookshelves, an end table and some toys? Assume that the child is awake and a parent is in a nearby room on the same floor.</b><br><b>EXTD.ALONENUM</b> | _____<br>(# of minutes) |
| <b>b.</b>  | <b>How old would a child have to be for you to feel comfortable not having his or her hand held in the parking lot of a grocery store?</b><br><b>EXTD.PARKNUM</b>   | _____<br>(age)          |
| <b>c.</b>  | <b>How old would a child have to be for you to feel comfortable not standing outside while he or she played in the front yard without a fence?</b><br><b>EXTD.PLAYNUM</b>   | _____<br>(age)          |
| <b>d.</b>  | <b>At what age do you think a child can safely cross the street on their own?</b><br><b>EXTD.CROSNUM</b>  | _____<br>(age)          |

- 79.** I am now going to read to you a list of behaviors that some children may or may not do. For each behavior, please tell me if (CHILD'S NAME) did this behavior not at all, seldom, sometimes, often, or very often.

| <b>How often did (CHILD'S NAME) ...</b> |  |
|---|--|
| <b>a.</b>                               | <b>run out in the street? Would you say...</b><br><b>EXTD.RUNOUT</b>   |
|   | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>b.</b>                               | <b>jump off furniture or other structures? Would you say...</b><br><b>EXTD.JUMPOFF</b>   |
|   | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |

|           |  |  |
|-----------|--|--|
| <b>c.</b> | <b>jump down the stairs?</b><br><b>EXTD.JUMPDOWN</b>   | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>d.</b> | <b>ride a bike in unsafe areas? [IF CHILD DID NOT HAVE A BIKE, CODE AS “NOT AT ALL.”]</b><br><b>EXTD.RIDEBIKE</b>          | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>e.</b> | <b>run or bump into things?</b><br><b>EXTD.RUNBUMP</b>   | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>f.</b> | <b>fall down?</b><br><b>EXTD.FALLDOWN</b>  | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>g.</b> | <b>play with fire?</b><br><b>EXTD.PLAYFIRE</b>   | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>h.</b> | <b>put (his/her) finger or objects in electrical sockets or appliances?</b><br><b>EXTD.ELECTRIC</b>                        | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>i.</b> | <b>leave the house without permission?</b><br><b>EXTD.LEAVEHM</b>  | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>j.</b> | <b>refuse to use a car seat or stay seated in a car?</b><br><b>EXTD.CARSEAT</b>  | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>k.</b> | <b>play with sharp objects?</b><br><b>EXTD.PLAYSHAR</b>  | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>l.</b> | <b>How often did (CHILD’S NAME) pull or push furniture or heavy objects over? Would you say...</b><br><b>EXTD.PULLPUSH</b> | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |

|           |   |  |
|-----------|---|--|
| <b>m.</b> | <b>fall out of windows or down stairways?</b><br><b>EXTD.FALLOUT</b>  | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>n.</b> | <b>put objects or non-food items in (his/her) mouth?</b><br><b>EXTD.INMOUTH</b>   | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>o.</b> | <b>get scratches, scrapes or bruises during play?</b><br><b>EXTD.SCRATCH</b>  | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>p.</b> | <b>Prior to the accident, how often did (CHILD’S NAME) “take chances” on playground equipment? Would you say...</b><br><b>EXTD.TAKECHAN</b> | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>q.</b> | <b>try to climb on top of furniture, cabinets, etc.?</b><br><b>EXTD.TRYCLIMB</b>  | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>r.</b> | <b>stand on chairs?</b><br><b>EXTD.STANDON</b>  | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>s.</b> | <b>explore places that are off limits?</b><br><b>EXTD.EXPLORE</b>   | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>t.</b> | <b>get into dangerous substances?</b><br><b>EXTD.DANGSUBS</b>   | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>u.</b> | <b>play carelessly or recklessly?</b><br><b>EXTD.PLAYCARE</b>   | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |
| <b>v.</b> | <b>come into contact with hot objects?</b><br><b>EXTD.HOTOBJ</b>  | Not at all ..... 1<br>Seldom (ONCE OR TWICE) ..... 2<br>Sometimes (ABOUT ONCE A MONTH) ..... 3<br>Often (ABOUT ONCE A WEEK) ..... 4<br>Very Often (MORE THAN ONCE A WEEK) .... 5 |

|    |  |   |   |
|----|--|---|---|
| w. | <b>tease or approach unfamiliar animals like dogs?</b><br><b>EXTD.TEASEDOG</b> | Not at all.....                         | 1 |
|    |  | Seldom (ONCE OR TWICE).....             | 2 |
|    |  | Sometimes (ABOUT ONCE A MONTH) .....    | 3 |
|    |  | Often (ABOUT ONCE A WEEK) .....         | 4 |
|    |  | Very Often (MORE THAN ONCE A WEEK) .... | 5 |

## HEALTH AND MEDICAL HISTORY

Now I would like to ask you some questions about (CHILD'S NAME)'s health and medical history.

80. In general, would you say (CHILD'S NAME)'s health prior to the accident was...

**EXTD.GENHLTH**

- Excellent, ..... 1  
 Very good, ..... 2  
 Good, ..... 3  
 Fair, or..... 4  
 Poor? ..... 5

81. Had (CHILD'S NAME) ever seen a doctor for epilepsy or a seizure disorder?

**EXTD.EVERSEIZ**

- YES.....1  
 NO.....2 (SKIP TO QUESTION 82)

81a. During the year prior to the accident, had (CHILD'S NAME) had a seizure?

**EXTD.YRSEIZ**

- YES..... 1  
 NO..... 2


81b. During the month prior to the date of the accident, was (CHILD'S NAME) taking medicine to prevent seizures?

**EXTD.MEDSEIZ**

- YES..... 1  
 NO..... 2

82. Did a doctor ever say that (CHILD'S NAME) had a health problem expected to last 6 months or longer, including any physical or mental impairments, learning disabilities, or other serious conditions?

**EXTD.HLTHPROB**

- YES.....1  
 NO.....2
- 

82a. What type of health problem was it? (MARK ALL THAT APPLY)

- EXTD.EPILEPSY** EPILEPSY /SEIZURE DISORDER ..... 1  
**EXTD.ASTHMA** ASTHMA ..... 2  
**EXTD.ATTDHD** ATTENTION DEFICIT HYPERACTIVITY  
 DISORDER ..... 3  
**EXTD.PHYMEOTH** OTHER PHYSICAL OR MENTAL CONDITION (SPECIFY)  
**EXTD.TYPEPROS** ..... 91

83. During the month prior to the accident, did (CHILD'S NAME) take any prescription medications? Do not include antibiotics, vitamins or medications that (he/she) would have taken for a cold or fever [but do include the seizure medication if it was prescription].  
EXTD.MEDSPRE

YES.....1  
NO.....2 (SKIP TO QUESTION 84)

| 83a. What were these medications? (SPECIFY)<br>MEDS.TYPEMED | 83b. What was this medication for? (SPECIFY)<br>MEDS.MEDFOR |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |

84. Had (CHILD'S NAME) ever had a fainting episode?  
EXTD.FAINTPEI

YES.....1  
NO.....2

86. Has anyone else in (CHILD'S NAME)'s family ever died from drowning?  
EXTD.OTHDIED

YES.....1  
NO.....2

—————→ 86a. What was their age at the time of drowning?

EXTD.OTHAGE      \_\_\_\_ \_\_\_\_ (age in years)



- 86b. What was the person's relationship to (CHILD'S NAME)? Was it a...

EXTD.OTHRELA

Parent, ..... 1  
Sibling, ..... 2  
Grandparent, or ..... 3  
Some other relative? ..... 4

87. How would you rate yourself as a swimmer? Would you say...  
EXTD.RATESWIM

Excellent, ..... 1  
Very good, ..... 2  
Good, ..... 3  
Fair, or ..... 4  
Poor? ..... 5



88. How would you rate your spouse or companion as a swimmer? Would you say...

EXTD.RATESPOU

Excellent, ..... 1  
Very good, ..... 2  
Good, ..... 3  
Fair, ..... 4  
Poor, or ..... 5  
Do you not have a spouse or companion? .. 6

89. Has anyone in (CHILD'S NAME)'s family died suddenly from a heart condition or some unknown cause before the age of 40 years?

EXTD.HEARTCON

YES... 1  
NO.... 2

→ 89b. What was the person's relationship to (CHILD'S NAME)? Was it a...

EXTD.HEARTRE

Parent, ..... 1  
Sibling, ..... 2  
Grandparent, or ..... 3  
Some other relative?..... 4

89c. Please describe what happened.

DESC.DESCTEXT

---

90. Did (CHILD'S NAME) ever have an episode in which (he/she) nearly drowned and was taken to a physician's office or emergency department?

EXTD.EMERDEPT

YES.....1  
NO.....2

→ 90a. Can you please tell me when this occurred?

\_\_\_ / \_\_\_  
MM YY

EXTD.EMERMO  
EXTD.EMERYR

90b. Please describe what happened.

DESC.DESCTEXT

---

91. Did you receive any advice from (CHILD'S NAME)'s doctor or nurse about swimming lessons?

EXTD.DRADVICE

YES.....1  
NO.....2

91a. Did the advice you received...

EXTD.TYPADV

Recommend taking swimming lessons, .....1  
Recommend against taking swimming lessons, or.....2  
Did you receive some other advice?

EXTD.TYPADVOS

(SPECIFY) .....91

## DAILY ROUTINES

Now I would like to ask you some questions about (CHILD'S NAME)'s daily routine prior to the date of the accident.

|   |  |   |   |
|---|--|---|---|
| <b>92. On a typical <u>weekday</u>, which of the following best describes (CHILD'S NAME)'s child care arrangements. Was (CHILD'S NAME) usually cared for in ...</b><br><b>EXTD.CARE</b> | <b>93. Was there a pool that was usually filled with water at this (CHILD CARE SETTING)?</b><br><b>EXTD.CAREPOOL</b> | <b>94. On average, how many days per week did (CHILD'S NAME) receive this child care?</b><br><b>EXTD.CAREDAYS</b> | <b>95. On a typical day, how many hours per day did (CHILD'S NAME) usually receive this child care?</b><br><b>EXTD.CAREHOUR</b> |
| <b>a. (his/her) own home,</b><br>YES.....1 (Quest 96)<br>NO.....2 (b)   |  |   |   |
| <b>b. a child care center/institution, that is not home-based,</b><br><br>YES.....1 →<br>NO.....2 (c)   | <b>b.</b><br>YES....1<br>NO.....2  | <b>b.</b><br><br>DAYS PER WEEK:<br><br>_____  | <b>b.</b><br><br>____ ____ (avg. # hrs)<br><br>(SKIP TO QUESTION 96)  |
| <b>c. home-based child care, or</b><br><br>YES.....1 →<br>NO.....2 (d)  | <b>c.</b><br>YES....1<br>NO.....2  | <b>c.</b><br><br>DAYS PER WEEK:<br><br>_____  | <b>c.</b><br><br>____ ____ (avg. # hrs)<br><br>(SKIP TO QUESTION 96)  |
| <b>d. some other child care setting? (SPECIFY)</b><br><b>EXTD.CAREOS</b><br>YES.....1<br>NO.....2 →   | <b>d.</b><br>YES....1<br>NO.....2  | <b>d.</b><br><br>DAYS PER WEEK:<br><br>_____  | <b>d.</b><br><br>____ ____ (avg. # hrs)   |

**96. Where did (CHILD'S NAME) usually spend (his/her) weekends? Did (he/she) usually spend them**

...  
**EXTD.CAREWK**

At home, ..... 1  
 At a relative's home, or..... 2  
 Somewhere else?

**EXTD.CAREWKOS** (SPECIFY)\_\_\_\_\_91

97. On a typical day prior to the accident, who usually watched (CHILD'S NAME) when (he/she) was in (his/her) own home?

EXTD.CAREWA

MOTHER ..... 1  
 FATHER..... 2  
 BOTH MOTHER AND FATHER ..... 3  
 GRANDPARENT..... 4  
 BABY SITTER OR PAID CAREGIVER ..... 5  
 OTHER RELATIVE (SPECIFY)..... 91  
 SOMEONE ELSE (SPECIFY)..... 92

EXTD.CAREWOS1  
 EXTD.CAREWOS2

## SOCIODEMOGRAPHIC QUESTIONS

I have just a few more questions to ask you about yourself and (CHILD'S NAME)'s household.

98. What was your age at the time of the accident?

EXTD.RESPYYYY

\_\_ \_\_ (YEARS)

99. Are you of Hispanic or Latino origin?

EXTD.RESPHISP

YES..... 1  
 NO..... 2

100. Which one or more of the following would you say best describes your race? Would you say... [IF RESPONDENT SAYS "HISPANIC", PROBE FOR ONE OF THE LISTED CATEGORIES]

EXTD.RAAMEIND American Indian or Alaska Native, ..... 1  
 EXTD.RAASIAN Asian, ..... 2  
 EXTD.RABLACK Black or African-American, ..... 3  
 EXTD.HAWPAC Native Hawaiian or other Pacific Islander, or..... 4  
 EXTD.RAWHITE White?..... 5  
 EXTD.RAOTHER OTHER (SPECIFY)..... 91  
 EXTD.RESRACOS

101. Is (CHILD'S NAME) of Hispanic or Latino origin?

EXTD.CHILHISP

YES..... 1  
 NO..... 2

102. Which one or more of the following would you say best describes (CHILD'S NAME)'s race? Would you say... [IF RESPONDENT SAYS "HISPANIC", PROBE FOR ONE OF THE LISTED CATEGORIES]

EXTD.CHAMEINE American Indian or Alaska Native, ..... 1  
 EXTD.CHASIAN Asian, ..... 2  
 EXTD.CHBLACK Black or African-American, ..... 3  
 EXTD.CHHAWPAC Native Hawaiian or other Pacific Islander, or..... 4  
 EXTD.CHWHITE White?..... 5  
 EXTD.CHOTHER OTHER (SPECIFY)..... 91  
 EXTD.CHIRACOS

(NOTE: QUESTIONS 103 – 108a – IF RESPONSE TO QUESTION 2 = NO, CHANGE FILLS TO COLLECT DATA ON CHILD’S HOUSEHOLD)

103. On the date of the accident, how many people under age 20, including (CHILD’S NAME) [and yourself], lived in your household?

EXTD.NUMCHHS

NUMBER OF CHILDREN: \_\_\_\_

104. On the date of the accident, how many adults age 20 or over [including yourself,] lived in your household?

EXTD.NUMADHS

NUMBER OF ADULTS: \_\_\_\_

|   |   |
|---|---|
| <p>105. Please give me the ages of everyone, other than (CHILD’S NAME) and yourself, who lived in your household on the date of the accident and their relationship to (CHILD’S NAME). [IF AGE IS LESS THAN 1 YEAR, WE WILL ASK FOR THE NUMBER OF MONTHS] [ALLOW UP TO 15 PEOPLE]</p> <p>HOHO.HOHOAGE</p> | <p>106. What was this person’s relationship to (CHILD’S NAME)?</p> <p>HOHO.REL</p>  |
| <p>a. _____ (# # #)</p> <p>MONTHS.....1</p> <p>YEARS.....2</p> <p>HOHO.HOHOMON</p>  | <p>a.</p> <p>MOTHER/STEPMOTHER..... 1</p> <p>FATHER/STEPFATHER ..... 2</p> <p>SIBLING ..... 3</p> <p>GRANDPARENT ..... 6</p> <p>UNRELATED PERSON (INCL. ROOMMATE) 7</p> <p>OTHER RELATIVE (SPECIFY)_____ .91</p> <p>HOHO.HHMRELOS</p> |

107. [ASK IF MORE THAN ONE CHILD LISTED ABOVE AND SOMEONE’S AGE IS REFUSED OR UNKNOWN] Of the \_\_\_\_ (NUMBER OF CHILDREN LISTED IN 103) children and teenagers under age 20 that you stated were living in your household at the time of the accident, from oldest in age to the youngest in age, where did (CHILD’S NAME) fall? For example, was (he/she) the...

EXTD.CHFALL

Oldest, ..... 1

Second oldest, ..... 2

Third oldest, ..... 3

Fourth oldest, ..... 4

Fifth oldest, or ..... 5

Something else?(SPECIFY)\_\_\_\_\_ .91

EXTD.CHFALLOS

|   |   |
|---|---|
| <b>108. In the last calendar year, what was your combined annual household income from all sources and before taxes? This would include all income received by everyone that lived in the household during the last calendar year. Would you say...</b><br><b>EXTD.HHINCOME</b> | <b>108a. Was it...</b>  |
| \$25,000 or less,.....1<br><b>EXTD.HHINCOV1</b>   | \$10,000 or less,..... 1<br>\$10,001 to \$15,000,..... 2<br>\$15,001 to \$20,000, or,..... 3<br>\$20,001 to \$25,000? ..... 4   |
| \$25,001 - \$50,000,.....2<br><b>EXTD.HHINCOV2</b>  | \$25,001 to \$30,000,..... 5<br>\$30,001 to \$35,000,..... 6<br>\$35,001 to \$40,000,..... 7<br>\$40,001 to \$45,000, or..... 8<br>\$45,001 to \$50,000? ..... 9      |
| \$50,001 - \$75,000, or.....3<br><b>EXTD.HHINCOV3</b>   | \$50,001 to \$55,000,..... 10<br>\$55,001 to \$60,000,..... 11<br>\$60,001 to \$65,000,..... 12<br>\$65,001 to \$70,000, or..... 13<br>\$70,001 to \$75,000? ..... 14 |
| More than \$75,000?..... 4<br><b>EXTD.HHINCOV4</b>  | \$75,001 to \$80,000,..... 15<br>\$80,001 to \$85,000,..... 16<br>\$85,001 to \$90,000,..... 17<br>\$90,001 to \$95,000, or..... 18<br>More than \$95,000?..... 19    |

BOX 2

IF RESPONSE TO QUESTION 2 = NO, SKIP TO QUESTION 119.  
ELSE GO TO QUESTION 109.

**109. On the date of the accident, which of the following best described your working status? Were you...**  
**EXTD.RESEMP**

- Self-employed,..... 1
- Working for an employer,..... 2
- Looking for employment, ..... 3
- A homemaker,..... 4
- Retired,..... 5
- Unable to work or disabled, or..... 6
- Something else? (SPECIFY) ..... 91

**EXTD.RESEMPOS** \_\_\_\_\_

**110. On the date of the accident, were you enrolled in school or college?**  
**EXTD.ENROLLED**

- YES.....1
- NO.....2

**110a. Were you enrolled in school ...**  
**EXTD.ENRLPTFT**  
Part-time, or.... 1  
Full-time?..... 2

111. What is the highest grade or year of school you completed? [READ LIST ONLY IF NECESSARY]

EXTD.HGHGRADE

- 8<sup>th</sup> GRADE OR LESS..... 1
- 9<sup>TH</sup> TO 12<sup>TH</sup> GRADE (NO DIPLOMA)..... 2
- HIGH SCHOOL DIPLOMA/GED..... 3
- SOME VOC/TECH/BUSINESS ..... 4
- VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA .... 5
- SOME COLLEGE ..... 6
- ASSOCIATE'S DEGREE (AA, AS)..... 7
- BACHELOR'S DEGREE (BA, BS) ..... 8
- SOME GRADUATE/PROFESSIONAL SCHOOL ..... 9
- GRADUATE/PROFESSIONAL DEGREE ..... 10
- (MA, MS, PHD, MD, ETC.)

EXTD.HGHGRAOS OTHER (SPECIFY)..... 91

112. On the date of the accident were you...

EXTD.MARITALS

- Married or living as married couple, ..... 1
- Divorced, ..... 2
- Widowed,..... 3
- Separated, or ..... 4
- Never married? .....5 (SKIP TO QUESTION 119)

113. Has your marital status changed since that time? [ONLY ASK IF AT LEAST 1 MONTH PAST ACCIDENT DATE]

EXTD.CHSTATUS

- YES.....1
- NO.....2 (SKIP TO QUESTION 116)

114. How did your marital status change?

EXTD.HOWCHNGE

- GOT MARRIED..... 1
- GOT DIVORCED ..... 2
- BECAME WIDOWED..... 3
- SEPARATED FROM SPOUSE OR PARTNER ..... 4

EXTD.HOWCHNOS SOMETHING ELSE (SPECIFY) ..... 91

115. How long ago did this occur?

EXTD.LONGAGO

- DAYS AGO.....1
- WEEKS AGO.....2
- MONTHS AGO.....3

EXTD.LONGAGOU

116. [SKIP IF NO SPOUSE/COMPANION] On the date of the accident, which of the following best described your spouse or companion's working status. Was he or she...

EXTD.SPEMLPST

Self-employed, ..... 1  
 Working for an employer, ..... 2  
 Looking for employment, ..... 3  
 A homemaker, ..... 4  
 Retired, ..... 5  
 Unable to work or disabled, or ..... 6  
 Something else? (SPECIFY) ..... 91

EXTD.SPEMLPOS \_\_\_\_\_

117. [SKIP IF NO SPOUSE/COMPANION] On the date of the accident, was your spouse or companion enrolled in school or college?

EXTD.SPSSCHOOL

YES ..... 1 →  
 NO ..... 2

- 117a. Was your spouse or companion enrolled in school...

EXTD.SPPTFT

Part-time, or ..... 1  
 Full-time? ..... 2

118. [SKIP IF NO SPOUSE/COMPANION] What was the highest grade or year of school completed by your spouse or companion who lived with you? [READ LIST ONLY IF NECESSARY]

EXTD.SPGRAD

8<sup>th</sup> GRADE OR LESS ..... 1  
 9<sup>th</sup> TO 12<sup>th</sup> GRADE (NO DIPLOMA) ..... 2  
 HIGH SCHOOL DIPLOMA/GED ..... 3  
 SOME VOC/TECH/BUSINESS ..... 4  
 VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA ..... 5  
 SOME COLLEGE ..... 6  
 ASSOCIATE'S DEGREE (AA, AS) ..... 7  
 BACHELOR'S DEGREE (BA, BS) ..... 8  
 SOME GRADUATE/PROFESSIONAL SCHOOL ..... 9  
 GRADUATE/PROFESSIONAL DEGREE ..... 10  
 (MA, MS, PHD, MD, ETC.)  
 OTHER (SPECIFY) ..... 91

EXTD.SPGRADOS

Now that we are near the end of the interview, I would like to ask you a few questions about this questionnaire and about the experience of being interviewed. This will help us to improve our interviewing procedures in the future.

119. First, do you think that this interview was ...

EXTD.INTLNGTH

Too short, ..... 1  
 Too long, or ..... 2  
 Just about right? ..... 3

120. Did you find this interview to be stressful? Would you say it was...

EXTD.INSTRESS

Not at all stressful, ..... 1  
 A little stressful, ..... 2  
 Somewhat stressful, or ..... 3  
 Very stressful? ..... 4

121. If you were asked, would you participate in an interview like this again?

EXTD.PRTAGAIN

YES..... 1

NO..... 2

122. That was my last question. Do you have any additional comments that you would like to add regarding this questionnaire or the accident?

EXTD.OTHCOMM

YES ..... 1 (SPECIFY BELOW)

NO..... 2

DESC.DESCTEXT

---

Thank you very much for your time and cooperation. We are sending a check for \$25.00 to all participants in this study.

123. We would like to confirm your name, address, and telephone number.

[INTERVIEWER: PLEASE CONFIRM INFORMATION ON THE SCREEN, CORRECT AS NECESSARY.]

FIRST NAME:\_\_\_\_\_ LAST NAME:\_\_\_\_\_

ADDR.FNAM

ADDR.LNAM

NUMBER AND STREET:\_\_\_\_\_ APT #:\_\_\_\_\_

ADDR.STREET

ADDR.APT

CITY/TOWN:\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_

ADDR.CITY

ADDR.ST

ADDR.ZIP

PHONE NUMBER:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

ADDR.AREA ADDR.EXCH ADDR.LOCL

123a. [DOES RESPONDENT WANT \$25 CHECK?]

EXTD.WANTCHEK

YES..... 1

NO..... 2 (SKIP TO END 1)

DONATE TO CHARITY .....3 (SKIP TO QUESTION 124a)

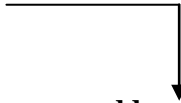


124. Is this the address to which I should mail the check?

EXTD.CHECKADD

YES...1

NO.....2



124a. Please give me the name, address and telephone number of the (person/organization) to (whom/which) we should mail the check?

FIRST NAME:\_\_\_\_\_ LAST NAME:\_\_\_\_\_

ADDR.FNAM

ADDR.LNAM

ORGANIZATION:\_\_\_\_\_

ADDR.ORGANIZ

NUMBER AND STREET:\_\_\_\_\_ APT #:\_\_\_\_\_

ADDR.STREET

ADDR.APT

CITY/TOWN:\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_

ADDR.CITY

ADDR.ST

ADDR.ZIP

TELEPHONE NUMBER:\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDR.AREA ADDR.EXCH ADDR.LOCL

END 1: Thank you. If you have further questions about this study, you may call 1-888-273-0674.  
Goodbye.

125. INTERVIEWER COMMENTS: